

I. INTRODUCTION



The Baltimore City Commission On Aging and Retirement Education (CARE) was created in 1973, by City Ordinance number 261 to advocate for Older Baltimoreans by developing, coordinating and funding programs, services and activities including information and resources on retirement and leisure activities. CARE is the designated Area Agency on Aging (AAA) which allows the agency to receive funds from the Federal Older American's Act to coordinate and ensure an adequate service delivery system.

Thus, CARE operates in accordance with the Older American's Act and receives funding from Federal, State and Local government. CARE serves as the primary public agency in Baltimore City responsible for advocating for and designing, funding and delivering services to the 110,000 older adults throughout the City.



II. ORGANIZATION

Charter



As a charter agency, CARE falls under the auspices of the Mayor and City Council of Baltimore City and is subject to all of the rules, procedures and requirements of a local government entity.

The Charter requires that CARE's structure include twenty-four (24) Commissioners, eighteen (18) of whom are appointed by the Mayor and six (6) of whom are ex-officio members, who serve to advise and promote CARE in its overall mission and direction. Commissioners advise and make recommendations to promote agency efficiency and coordinate the delivery of programs and services for the elderly in Baltimore City (see Appendix A for list of CARE Commissioners).

Organizational Structure

CARE's organizational structure has been redesigned to improve performance, service delivery, and fiscal management and accountability. Additionally, the structure is intended to be more reflective of the Agency's mission, functionality and service delivery requirements (see Appendix B – Organization Chart).

CARE's organizational structure reflects a balance between sound fiscal management and a strong and efficient social service delivery system.



John P. Stewart

- Executive Director - a Mayoral appointment confirmed by City Council and charged with overseeing all activities and functions of CARE. The Executive Director is accountable to the Mayor.

- Bureau Chief - Finance, Compliance, Planning and Operations oversees Fiscal



Frank Johnson, D.B.A

and Administrative Services which safeguards the agency's fiscal integrity by sound fiscal management and practices. The Division manages the agency's fiscal operations; Human Resources functions; Information Management and Telecommunications; contracts management; facilities management; directs and manages policy, research and development issues and trends; prepares the agency's area plan; manages the agency's legislative and intergovernmental relations

functions; manages capital projects; assures agency and program, and regulatory compliance; and focuses on grant writing and funding.

- **Bureau Chief** – Advocacy, Client and Community Services oversees three primary divisions that focus on direct service delivery to older adults.



Lisa M. Veale, LCSW-C

- Advocacy Services Division serves as the entry point into CARE's service delivery system and involves information, referral, assistance and linkages to services; outreach to isolated and underserved populations; basic screening and telephone counseling services; and advocacy. Programs in this Division include Information and Assistance/Call Center; Senior Health Insurance Counseling Program and Curbing Abuse Against Medicare and Medicaid; Senior Care; and Long Term Care Ombudsman.
- Community Services Division includes those services that focus on wellness and community-based activities and events that enhance an individual's well-being and provides additional life-long learning opportunities. This includes programs and activities such as Senior Centers; Nutrition Sites; Transportation Services; Adult Day Care Services; Senior Center Plus Program; Volunteer Services, Ages on Stages and Caregiver Services
- Client Services Division focuses on monitoring, care coordination and case management services to some of the city's most vulnerable and at-risk older adults. This division includes the Public Guardianship Program, the Medicaid Waiver for Older Adults and the Group Senior Assist Living Subsidy Program.

Interagency Committee on Aging Services (IAC)

CARE is charged with assuming a leadership role in coordinating governmental programs and developing public and private resources needed to assure access to services and information, as well as assuring productive and successful aging. Service development and coordination are achieved through an interagency relationship with sixteen (16) local agencies, the Interagency Committee on Aging Services (IAC) comprised of public, private and non-profit stake-holders. The local IAC is committed to the development of an efficient and coordinated service delivery system and the provision of quality services for individuals as they begin to move through the aging continuum (see Appendix C for a list of the IAC Member Organizations).

Vision Statement

The Baltimore City Commission on Aging and Retirement Education (CARE) envisions Baltimore as the most elderly-friendly city in America, where all of our older adults will have the opportunity to age with choice, independence, and dignity as they move along the aging continuum.

Mission Statement

The Baltimore City Commission on Aging and Retirement Education (CARE), in partnership with other senior-serving organizations, is the primary public agency in the city responsible for advocating for and delivering services to older adults, their family and caregivers in the City of Baltimore.

CARE's Goals

- Serve as a local voice and strong advocate for public policy, facilitate change and initiate new policies that promote vital aging in Baltimore.
- Test creative ideas, implement new strategies and translate research into effective programs and services.
- Address the needs of family caregivers.
- Improve the agency's infrastructure and capacity and strengthen the overall quality of aging services while ensuring positive customer service to all customers.
- To Create a Center for Urban Aging Services and Policy Development to make Baltimore *"the Most Elder-Friendly City in America"*, a city that supports and enhances aging optimally.
- Expand opportunities for older adults to continue to learn, grow and contribute to the larger community.



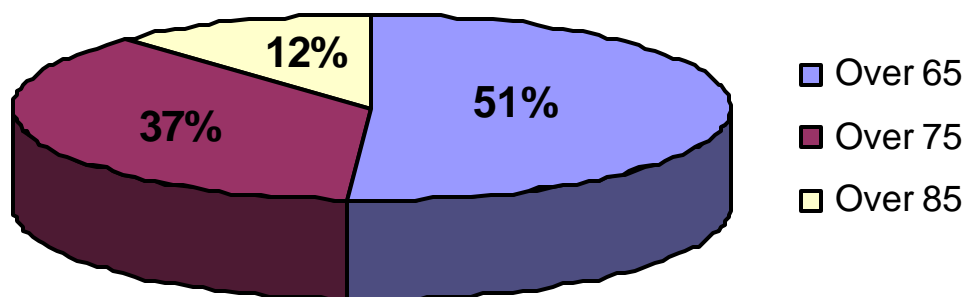
- Assist Baltimoreans, particularly the baby boomers, in preparing for retirement and aging.
- Take the lead role among public and private agencies in making Baltimore the most "Aging Friendly" city in America

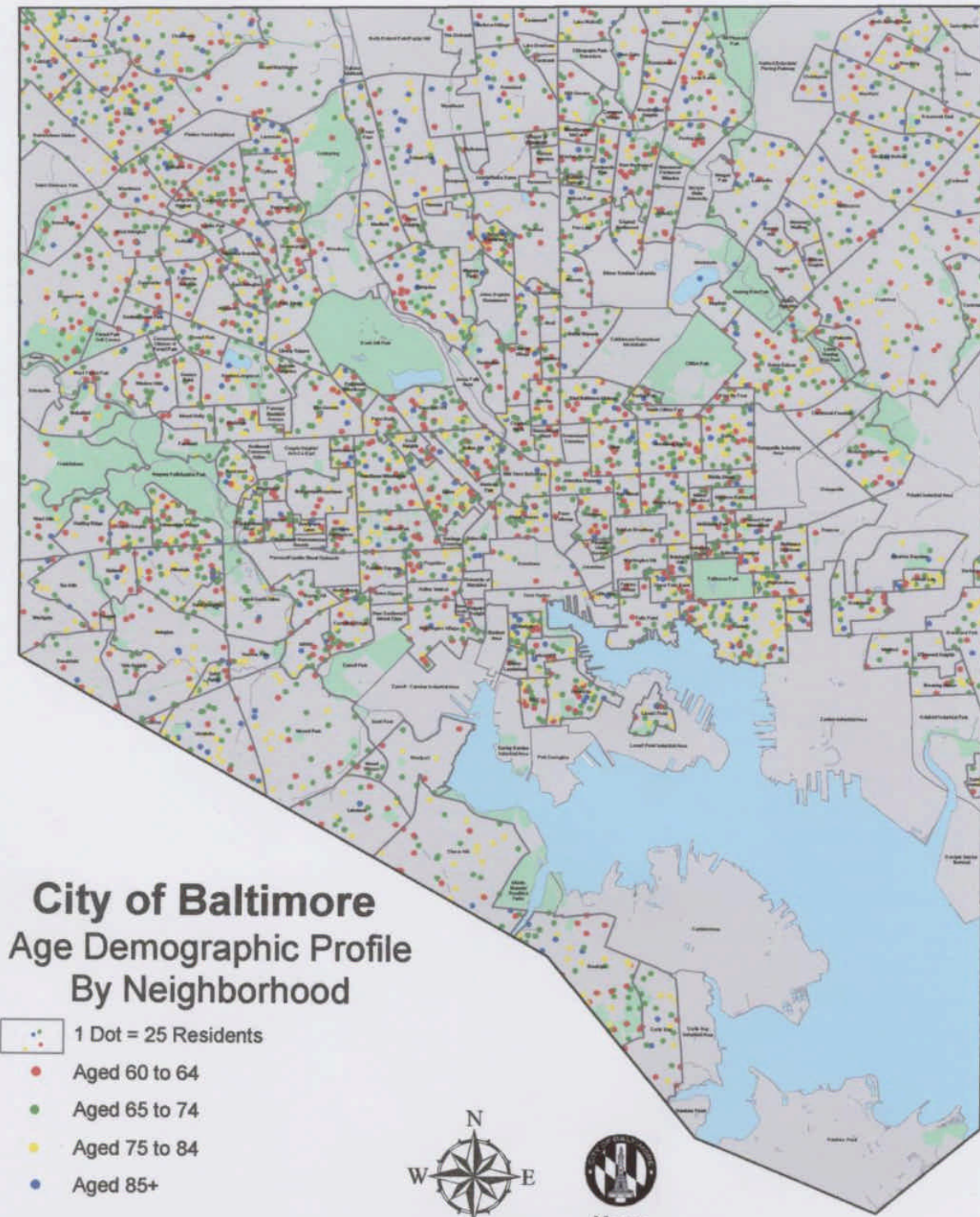
Demographics

According to the 2000 census:

- ✓ 14% or 110,961 of Maryland's 60 and over population reside in Baltimore City. The City has the third largest older adult population in the state, ranking behind Baltimore and Montgomery counties.
- ✓ 9% or approximately 13,000 grandparents (caregivers) have responsibility for their grandchildren.
- ✓ 38% or 42,321 of Baltimore's over 65 population is over age 75; 12% or 9,956 is over age 85.
- ✓ 14.2% of Baltimore's seniors reported that they had a mental disability, while 13% reported that they had a "self-care" disability.
- ✓ 57% of Baltimore's older adults are members of minority groups – Hispanics, Asian-Americans, and Native Americans each comprised less than 1% of the City's elderly population in 2000.
- ✓ 55% of Baltimore's older adult population is African-American, according to the Baltimore City Planning Department. For the first time, there is a decline in the city's African-American population by 3.9%.
- ✓ 32% of seniors living in poverty in the state of Maryland reside in the city.
- ✓ 49.6% of Maryland minority low-income seniors reside in Baltimore City.
- ✓ Nearly 18% of the city's over 65 population has income below the poverty level, compared to 8.5% state wide.

Baltimore City Over Age 65 Population

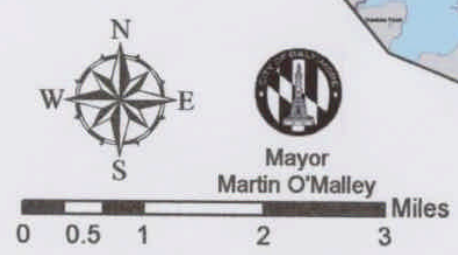




City of Baltimore Age Demographic Profile By Neighborhood

- 1 Dot = 25 Residents
- Aged 60 to 64
- Aged 65 to 74
- Aged 75 to 84
- Aged 85+

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*Dots are randomly
distributed within
neighborhood

Trends

- Older adults in Baltimore are twice as likely to live in poverty as in the state overall.
- An aging America will be faced with many challenges over the next several decades, particularly with the onset of baby boomers
- By the year 2030, it is estimated that 66 million older adults will reside in the United States, 1.6 million in Maryland and 150,000 in Baltimore City. Baby boomers alone will account for about 20% of that population.
- The number of older Baltimoreans will begin to increase significantly in 2006, when the leading edge of the Baby Boomers turn 60.
- An equally challenging phenomenon is the fact that older adults age 55+ are the fastest growing population and persons termed as old-old are living longer.
- While there is a decline in the number of older adults in the City, the percentage of high service users is increasing as older adults “age in place.”
- There is a growing population of older adults who are homeless, diagnosed with mental illness and have a history of intravenous substance abuse and have tested positive for HIV.
- The wave of information and access to programs and services will take on a different meaning for the baby boomer generation. The potential to be technologically advanced will be much greater than that of former generations.
- Computer availability and accessibility, hand held cell phone-type devices and systems that talk to you by simply pushing a button in the privacy and comfort of your own home will literally match the expression of having the world at your fingertips and will open the gateway of communication.
- The concept of “One Stop Shop” will be an essential dissemination catalyst to provide information about programs and services, eligibility screening, applications to apply for services, or even something as simple as making arrangements for transportation services.
- The use of kiosk systems in non traditional locations such as senior centers, banks, churches, grocery stores, or physician offices, etc., will serve as an effective and desired method of disseminating information.
- Community-based programs such as the Medicaid Waiver for Older Adults, Assisted Living and Adult Day Care are utilized as a viable alternative to care, versus the traditional nursing home institutional setting.
- Community-based services will be designed to address the future needs, lifestyles and health concerns for baby boomers which will differ from the older adult population currently being served.
- Healthy living and disease management through health and fitness services and centers will be the focus as individuals move toward a greater level of physical functioning and take charge of his/her own health.
- Services that focus on retrofitting an environment to allow aging in place, encourage independence and promote healthy aging will be needed and desired.
- Non-traditional services that provide a holistic approach to the aging process will foster a greater sense of dignity and pride in the person’s aging process.
- The “limited English Speaking older adult population is growing in the City. CARE is seeing a growing number of Hispanic, Latino, Korean, and Russian born older adults who require services ranging from basic information and assistance to

participation in nutrition programs, community-based programs and the provision of case management.

- The growth of grandparents with formal and informal custody of their grandchildren (13,256 households) with health, behavioral and other problems continues to be a issue in the City, requiring CARE to provide linkages to non-traditional partners for adults and juveniles.
- A large proportion of Baltimore City's low income older adults live in subsidized housing managed by the Baltimore City Housing Authority and non-profit organizations.
- The population in the Housing Authority buildings is changing; the older adult population has declined, and residents tend to be younger with disabilities. The younger residents and the older adults have different needs, issues and desires.
- More older adult ex-offenders are being released from the prison system and public guardianship is being sought to assist with placement and adjustment to non-institutionalization.

III. PROGRAMS AND SERVICES

Advocacy Services Division

The Advocacy Division includes those areas of the agency that deal specifically with direct client services, linkages, outreach and advocacy. This section contains: 1) Senior Information and Assistance in CARE's Call Center which connects older adults to the service delivery system; 2) Senior Care Program which provides wrap around service support while clients wait for enrollment in other CARE programs; 3) Senior Health Insurance Program which promotes health and health care issues; and 4) Long Term Care Ombudsman Program which advocates for persons rights and desires and evaluates/mediates issues related to abuse, neglect and exploitation.

Senior Information And Assistance (I & A) & Call Center

MISSION: To provide a single point of entry into the service delivery system for older residents of Baltimore City, their family members and caregivers. Callers are given information and referrals to assist with a wide range of concerns including federal and state benefits and programs, housing issues, legal or tax related concerns, and nutritional programs. Additionally, this program provides outreach and support services to advocate for under-served and hard to reach populations.

ACCOMPLISHMENTS:

- Assisted over 12,216 individuals with information, referrals and assistance regarding services, programs and benefits.
- Assisted older adults during periods of natural disaster, such as Hurricane Katrina and extreme weather during periods of excessive heat. Older adults with special needs were monitored to ensure access to needed medicine, prescriptions, food and care.
- Conducted 119 presentations on long term care topics to community groups, faith-based organizations and other community organizations.
- Promoted Benefits Checkup comprehensive screening tool by partnering with other public, private and non profit organizations.
- Out-stationed Information and Assistance counselors at two senior center sites.
- Delivered water, fans and information about cooling sites and specific precautions to take, to vulnerable older adults during the heat related events in the city.

CHALLENGES AND OPPORTUNITIES:

- Continue to provide quality information, assistance and referral services by expanding I & A staff to other sites in the city.
- Hire additional social work staff to provide emergency case management to older adults in crisis.
- Expand Benefits Checkup program in the community to reach underserved and isolated areas of the City.
- Provide training and seminars at the public housing/congregate housing sites, and provide train-the-trainer seminars to enable counselors at these sites to assist residents with basic service and resource information.

- Project **225,000** units of service to seniors and their families in FY 2006.
- Strengthen the partnership with the Police Department to promote safety in the City for older adults.
- Create a resource guide and a resource data base for accessible information on programs and services.

Senior Care

MISSION: To provide gap-filling support for community-based services inclusive of: home care; case management; transportation; adult day care; respite; medication assistance; medical supplies; and emergency response system, which enables individuals to remain in a community setting, I. e., home, assisted living, for as long as possible.

ACCOMPLISHMENTS:

- Provided services to 405 clients; 223 of those clients received gap-filling services that enabled continuous community-based care.
- Advocated for supplemental services and support for programs such as the Medical Assistance Personal Care Program (MAPC), In-Home Aide Services through the Department of Social Services, and other benefits, for individuals ineligible for Senior Care Services.
- Prevented premature nursing home placement through supportive services.
- Provided additional caregiver's one-on-one support.
- Provided educational training to staff regarding Medicare Part D.
- Partnered with John Hopkins Nursing Students to provide case, management services to high-risk clients who have been on a waiting list for services

CHALLENGES AND OPPORTUNITIES:

- Re-convene the Interagency Committee on Aging (IAC) Steering Committee to form collaborative efforts to determine gaps in services and provide more efficient long term care community-based services.
- Improve the agency's process for vendor authorization and reconciliation to ensure greater fiscal and program accountability.
- Evaluate and modify the agency's system of tracking data and service utilization.
- Evaluate Senior Care protocol and process relative to the program.
- Expand Case Management partnerships with other community organizations.
- Advocate for sufficient funding to reduce or eliminate the waiting list for services.

Senior Health Insurance Assistance Program (Ship) Curbing Abuse Against Medicare And Medicaid (Camm)

MISSION: To provide beneficiaries with information, assistance and counseling about health insurance options, claims, etc., and assist with the preparation and filing of health insurance claims for Medicare, Medigap policies, HMO's, programs for low-income beneficiaries, prescription coverage and long-term care insurance policies.

ACCOMPLISHMENTS:

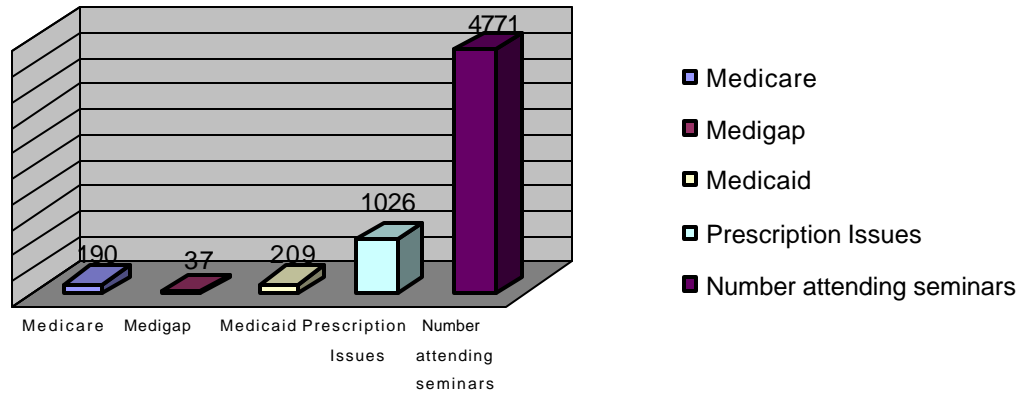
- Provided group and individual counseling to older adults concerned about the loss of insurance benefits from former employers by providing group and individual counseling and assistance.
- Worked with other agencies to create a dual-eligibility coalition to insure continued health benefits for the lowest income residents of Baltimore.
- Worked with the Baltimore City Bar Association Law Day in April, 2005 and reached over 372 seniors with information about health insurance options.
- Partnered with the Baltimore City Health Department, Social Security, Meals on Wheels, University School of Pharmacy to promote education, outreach and enrollment assistance regarding Medicare Part D prescription drug plan
- Enrolled over 200 beneficiaries into Part D plans
- Conducted over 105 workshops to educate persons about the new prescription drug plan
- Counseled over 882 beneficiaries about the new prescription drug plan and/or other options.
- Trained approximately 80 professionals and volunteers to support outreach and enrollment assistance efforts
- Obtained grant funding to promote Medicare Part D; hired 3 additional staff persons and recruiting additional volunteers

CHALLENGES AND OPPORTUNITIES:

- Expand SHIP program staff to provide counseling and enrollment assistance for Medicare Part D and other prescription drug plans and health insurance benefits.
- Increase outreach efforts by going to community, church, and social groups to present seminars, enrollment fairs for prescription coverage and other health insurance concerns.
- Outreach to the diverse groups in Baltimore through programs designed to reach Hispanic, Russian, and Asian seniors. CARE estimates that it will serve over 4000 people needing help with their health insurance and related issues in FY 2006, through individual phone contacts, in-person counseling and educational forums.

SHIP Program Data

**Contacts
By Type**



Total Served = 6233